

"Communities engage to conquer malaria!"

On 25 April, African countries will join the rest of the international community to celebrate the third World Malaria Day with the theme *Counting Malaria Out.*

The choice of the slogan, *Communities* engage to conquer malaria!, is in recognition of the fact that an important

step towards building effective partnerships for malaria prevention and control is engaging communities to better understand and address their issues, concerns and aspirations; and to make them active participants in discussing matters of mutual interest as well as **promoting** decisions and **undertaking** remedial actions.

As we all know, this year's **World Malaria Day** marks a critical moment in time as the world inches towards 31 December 2010, the target date set by UN Secretary-General, Ban Ki-Moon, for delivery of effective and affordable protection and treatment to all people at risk of malaria.

Therefore, the observation of World Malaria Day 2010 represents a challenge, but especially an opportunity for us all to make a difference.

The slogan we have chosen speaks directly to what we need to do. Government and company employees; charities and NGOs; traditional, religious, cultural, municipal and local government leaders; the vibrant and very influential associations of market women; celebrities, including music and sports stars; donors; bilateral and multilateral partners and the entire global

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malaria control community; individuals, including school children, artisans, professional and non-professional persons, Africans at home and in the Diaspora – all of us, without exception, have a role to play and a duty to contribute to rolling back malaria in Africa and help generate broad gains in multiple areas of health and human development.

Reducing the impact of malaria would significantly propel efforts to achieve the Millennium Development Goals (MDGs) agreed by every member state of the United Nations. The MDGs include not only the goal of combating the disease itself, but also goals related to women's and children's rights and health, access to education and the reduction of extreme poverty.

To appreciate Africa's unenviable position in global malaria prevention and control efforts, consider the following:

- 76% of Africa's population is at high risk for malaria, and children, pregnant women and HIV positive individuals are particularly vulnerable;
- Africa accounts for 89% of malaria cases, with 85% of deaths occurring in children under five years;
- Use of Artemisinin Combination Therapies (ACTs) for treatment of malaria remains very low
- Only 22% of the reported cases are confirmed with a parasite-based diagnostic;
- Only 20% of pregnant women receive a second dose of malaria preventive therapy.
- Only 30% of the estimated global funding needed annually for malaria control was committed in 2009.

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AFRO Advisory Committee of Experts on Malaria meets in Brazzaville



The second meeting of the AFRO Advisory Committee of Experts on Malaria (AACEM) was held from 3 to 4 March at the WHO Regional Office for Africa in Brazzaville, Republic of Congo.

Discussions at the meeting focused on strategic approaches for implementing a WHO Regional Committee for Africa resolution on acceleration of malaria control towards its eventual elimination in the Region, monitoring of drug and insecticide resistance, integration of essential interventions, and cross-border collaboration.

The meeting also analyzed ways and means of scaling-up quality and cost-effective interventions with the full engagement of the communities, and proposed approaches to address health systems bottlenecks

Participants emphasized the importance of linking health promotion, community case management, adequate procurement and management of commodities to surveillance, monitoring and evaluation. This requires capacity building at country and regional level as well as the mobilization of adequate resources.

They also agreed that strong partnerships would be critical in the generation and use of knowledge, programme implementation, and health systems strengthening with a view to ensuring that malaria control contributes to the attainment of Millennium Development Goals in the Region.

AACEM, a multidisciplinary team of experts, was established in April 2006 to advise the Regional Director on scientific, technical and programmatic matters related to sustainable malaria control in the African Region. The Committee is intended to: serve as a platform for dialogue; provide scientific advice to the Regional Director; facilitate consensus building on knowledge generation and use; provide guidance on programme implementation and operationalization of policies.

African Leaders Malaria Alliance holds first working session

The African Leaders Malaria Alliance (ALMA) held its first working session on 1 February 2010 in Addis Ababa, Ethiopia, on the sidelines of the annual summit of the African Union.

March 2010

At the meeting, convened by Tanzanian President Jakaya Kikwete, African Heads of State and Government considered challenges and highlighted progress made to date in efforts to protect Africans at-risk from malaria. Both events kicked-off the countdown to the United Nations Secretary-General Ban Ki-moon's call for universal coverage

of malaria interventions by 31 December, 2010.

Participants discussed key factors involved in developing and executing successful national malaria control campaigns, and the development of a collective strategy to ensure that the AU,s and UN,s 2010 goal of universal access to malaria control interventions is met.

Speaking at the forum, Ban Kimoon's Special Envoy for

Malaria, Mr. Ray Chambers, said: "By collaborating through ALMA and joining together to defeat this deadly disease, Africa's leaders are reaping tremendous benefits in cost-saving, efficiencies, and sharing of best practices - all of which will translate into millions of lives saved".

ALMA is the first Head of State-level assembly expressly dedicated to ending deaths from malaria. It was established during the 2009 UN General Assembly deliberations to meet African Union and UN goals of providing malaria universal prevention and treatment coverage by the end of 2010, and eliminating preventable deaths by 2015.

The Alliance, which brings together 26 heads of states of African malaria-endemic countries, provides a high level forum to ensure: efficient procurement, distribution, and utilization of malaria control interventions; sharing experience about the most effective malaria control practices, and agreeing a coordinated and effective response to the scourge of the disease by keeping it high on the global policy agenda.

WHO supports the ALMA secretariat by providing it with quarterly reports on progress towards universal access to interventions. WHO/AFRO Malaria Newsletter

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Ten African countries reduce malaria burden by at least 50 per cent

Ten African countries -- Eritrea, Rwanda, Sao Tome and Principe, Zambia, Botswana, Cape Verde, Namibia, South Africa, Swaziland and Zanzibar in Tanzania -- documented at least 50 per cent

reduction in malaria cases in 2008, compared to 2000, according to the 2009 World Malaria Report.

The report attributes this progress to increasing use of Insecticide Treated Nets (ITN), Indoor Residual praying (IRS), preventive therapy for pregnant women, and prompt treatment with Artemisinin-based Combination Therapies (ACTs).

The report found that in the African Region, more life-saving malaria nets and treatments were delivered in 2007 and 2008, compared to 2006.

It says, for example, that an increasing percentage of African households (31%) own at least one ITN in 2008, compared to 2006 (17%), and that more children under five years of age used an ITN in 2008 (24%) compared to previous years.



World Malaria Report 2009

World Health Organization Also, household ITN ownership reached more than 50% in 13 high burden African countries.

However, in spite of the progress made in malaria prevention and control in the Region, several challenges still face Member States.

> These include issues of delivery of key interventions such as ACTs, intermittent presumptive therapy for pregnant women, and enhanced capacity for Indoor Residual Spraying.

Critical to meeting these challenges are availability of adequate resources and the strengthening of health systems capable of delivering vector control interventions; providing the required diagnostics for the confirmation of malaria alongside treatment with ACTs; the development of routine surveillance systems for malaria, and for parasite resistance to antimalarial medicines, as well as mosquito resistance to insecticides. Please access the full 2009 World Malaria Report at:www.who.int/entity/ malaria/world_malaria_report_ 2009/en/

Clobal Malaria Programme, WHO Malaria Regional Advisers Meet in Geneva

The Global Malaria Programme (GMP) of the World Health Organization (WHO) held a coordination meeting from 27 to 29 January in Geneva with Regional Advisers for Malaria from the organization's six regions – AFRO, WPRO, SEARO, EURO, EMRO and AMRO.

The meeting, which discussed plans and activities based on WHO's strategic advantages and its core functions, focused on communication and information sharing. The three-day

meeting agreed to explore ways to organize a global staff meeting which will bring together WHO national and International Professional Officers working on malaria prevention and control from all six WHO Regions.

Also discussed at the three-day meeting were the strategic plans of National Malaria Control Programmes to be updated during 2010; countries applying for Round 10 GFATM grants; the inventory of existing human resource, and funding sources for malaria prevention and control world wide.

The meeting recommended that the mapping of technical partners and donors at country level be updated, and that WHO work with countries to ensure inclusion of funding for



Issues related to joint visits to selected high burden countries to support cross border malaria control initiatives, surveillance, monitoring/evaluation and reporting, as well as supervision and motivation of community health workers were also discussed.

The GMP regularly convenes malaria experts worldwide to

review evidence and set global policies and provide policy advice which serves as the benchmark for national malaria programmes and multilateral funding agencies. GMP's unique position in uniting high levels of expertise – and WHO's field presence in all regions including all malaria-endemic countries of the world – ensures harmonized policy advice and consideration of critical technical assistance necessary to effect concrete and sustainable successes to bring about malaria prevention and control at the global level. Learn more about the Global Malaria Programme at:www.who.int/entity /malaria/about_us/en/

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"Communities engage to conquer malaria!"

Teams from 10 countries share experiences in Malaria Programme Review

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World Malaria Day - which was instituted by the World Health Assembly at its 60th session in May 2007 - is a day for recognizing the global effort to provide effective control of malaria.

It is an opportunity:

- for countries in the affected regions to learn from each other's experiences and support each other's efforts;
 - for new donors to join a global partnership against malaria;
 - for research and academic institutions to flag their scientific advances to both experts and general public; and

• for international partners, companies and foundations to showcase their efforts and reflect on how to scale up what has worked.

Remember: Malaria is alive and well in the African Region. Illness and death from malaria can devastate individuals, their families and the network of people who support a community's infrastructure. Every 30 seconds, an African child dies from malaria. This need not be the case. Each of these deaths is avoidable.

The ultimate message? We must *engage communities* at all levels if we must truly *count malaria out*.

Suggested approaches to observe WMD 2010 under the stewardship of National Malaria Control Programs/Ministries of Health

• Media briefings for countrywide press, TV and Radio coverage of country achievements, progress and challenges and information on World Malaria Day events

- Organization of contests and awards for best media coverage
- Advocacy and fund raising activities in collaboration with government and private sector stakeholders

• Production and distribution of promotional and educational material (cards, posters, leaflets, brochures, caps, T shirts, school items) to raise awareness of the populations

• Government, parliaments, local governments, health and development partners, private and NGO/CBO/CSOs, events and engagement to mobilize resources for malaria control;

• Awards to health professionals, health facilities, districts, workplace or private corporations with exceptional performance in health promotion, malaria prevention and control

• Reach out to youth, women, professional associations with support from activists, artists, sports, music and other celebrities to increase awareness, knowledge, raise funds and empower communities for malaria control;

• Official launch by Government with partners, political, diplomatic, academic, economic/business, religious, traditional leaders and other influential groups;

• Acquisition and distribution of WHO recommended malaria commodities (LLINs, RDTs, ACTs) to exposed populations with appropriate media coverage and testimony from workers and recipients.

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Malaria prevention and control teams from 10 countries in the African Region attended a workshop held from 18 to 21 February in Johannesburg, South Africa, to share their experiences in programme review and malaria strategic planning.

The workshop was organized by the Global Malaria Programme, the Malaria Programme at the WHO Regional Office for Africa (AFRO), AFRO's Inter-Country Team for Eastern and Southern Africa, the Malaria Control Evaluation Partnership in Africa and the Southern Africa Roll Back Malaria Network.

The workshop aimed at initiating dialogue and making recommendations on adapting National Malaria Strategic Plans to evolving malaria landscapes as many countries move from scale-up to sustained control towards pre-elimination.

The 54 participants who attended the workshop were sensitized on the development of monitoring and evaluation (M & E) plans and given an overview of the process of developing a technically up-to-date and evidence-based National Malaria Strategic Plan, with buy-in from partners and stakeholders, and how such plans could be used to leverage funding.

Participants were also introduced to the recently developed WHO Malaria Programmme Review tools and the checklist for developing comprehensive M&E plans.

Participants in this workshop came from Angola, Botswana, Democratic Republic of Congo, Ethiopia, Kenya, Mozambique, Namibia, Senegal, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.